

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS

Applicant: Prof. Dr. Thomas Hunig

Application Filed: Herewith

For: HUMAN CD28 SPECIFIC MONOCLONAL ANTIBODIES FOR
ANTIGEN-NON-SPECIFIC ACTIVATION OF T-LYMPHOCYTESAssistant Commissioner of Patents
Washington, D.C. 20231

Sir:

THE UNDERSIGNED DECLARE(S):

Exclusive rights in the above-identified invention reside in the "small entity(ies)" defined and named below, and "small entity" fees are appropriate. Qualification as a small entity is based upon the appropriately checked statements below:

☒ INDEPENDENT INVENTOR(S)

The below-signing independent inventor(s) has (have) not assigned, granted, conveyed or licensed, and is (are) under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not likewise be classified as an independent inventor under 37 CFR 1.9(c) if that person has made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

☐ SMALL BUSINESS CONCERN

The below-identified small business concern qualifies as a small business as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, in that the number of employees, including those of its affiliates, which does not exceed 500 persons, and it has not assigned, granted, conveyed or licensed, and is under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Concerns are affiliates of each other when, either directly or indirectly, one concern controls or has the power to control the other, or a third party controls or has the power to control both. The number of employees of the business concern is the average over the fiscal year of the persons employed during each of the pay periods of the fiscal year. Employees are those persons employed on a full-time, part-time or temporary basis during the previous fiscal year of the concern.

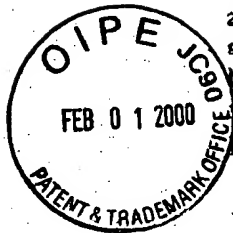
☐ **NONPROFIT ORGANIZATION** (Check additional applicable box.)

The below-identified nonprofit organization qualifies as a small entity under 37 CFR 1.9(e) in that it constitutes:

1. ☐ a university or other institution of higher education located in any country; or
2. ☐ an organization of the type described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (26 USC 501(c) (3)) and exempt from taxation under Section 501 (a) of the Internal Revenue Code (26 USC 501(a)); or
3. ☐ any nonprofit scientific or educational organization qualified under a nonprofit organization statute of a state of the United States (35 USC 201 (i)); or
4. ☐ any nonprofit organization located in a foreign country which would qualify as a nonprofit organization under paragraphs (e) (2) or (3) of Rule 1.9 if it were located in the United States.

The undersigned acknowledge(s) the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

The below signing individual(s) hereby declare(s) that (he, she, they) are authorized to execute this statement on behalf of the small entity; that all the statements made herein of (his, her, their) own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.



Name of Small Entity: Prof. Dr. Thomas Hunig

Address of Small Entity: (Street, City, State or Country, Zip Code) Miglere Heerbergstr. 26, D-97078

Wurzburg, Deutschland

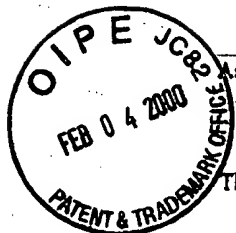
Name of Person Signing: Prof. Dr. Thomas Hunig

Title of Person Signing: Inventor

Signature: Thomas Hunig

Date Signed: Nov 23, 99

Anemay's Docks: No. 11254/52694

COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT (under 35 U.S.C. §371)

NOTE: If one of the following 3 items apply, then complete and also attach **ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP**.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**HUMAN CD28 SPECIFIC MONOCLONAL ANTIBODIES FOR
 ANTIGEN-NON-SPECIFIC ACTIVATION OF T-LYMPHOCYTES**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
 (b) ☐ was filed on _____ at Serial No. Q / or Express Mail
No. as Serial No. not yet known and was amended on _____
 (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not recorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67

- (c) ☐ was described and claimed in PCT International Application No. _____ filed
 on _____ and as amended under PCT Article 19 on _____ (if any).
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ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

☒ which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.93.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☐ no such applications have been filed.

(e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

PCT Application Number PCT/DE96/01499 filed May 28, 1998 with a priority date of May 28, 1997

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 129.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Paul C. Remus
Kristin Kohler

Reg. No. 37,221
Reg. No. 41,907

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Paul C. Remus
Devine, Millimet & Branch
111 Amherst Street
P.O. Box 719
Manchester, New Hampshire 03105

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Paul C. Remus
(603) 669-1000

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Prof. Dr. Thomas
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Herrig
FAMILY (OR LAST NAME)

Inventor's signature

Date Nov 23, 1999 Country of Citizenship Germany

Residence Miltlere Heerbergstr. 26, D-97078 Würzburg, Deutschland

Post Office Address Same As Above

Full name of second joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

Full name of third joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION**

— Signature for third and subsequent joint inventors. Number of pages added _____

— Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____

— Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

— Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

— Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

— Number of pages added _____

— Authorization of attorney(s) to accept and follow instructions from representative.

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item.)

X This declaration ends with this page.